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SEP 29 2008

09-30-08

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156

7590

07/28/2008

KIRSCHSTEIN, OTTINGER, ISRAEL
 & SCHIFFMILLER, P.C.
 425 FIFTH AVENUE
 5TH FLOOR
 NEW YORK, NY 10016-2223

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

LORI G. WILKINSON (Depositor's name)
[Signature] (Signature)
Sept. 29, 2008 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/535,001

05/12/2005

John Aubrey Allen

P/63753

2044

TITLE OF INVENTION: CONSTRUCTION OF A PATH THROUGH A PACKET NETWORK

10/01/2008 SSANDAR1 00000040 10535001

01 FC:1501

02 FC:1504

1440.00 DP
300.00 DP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1440

\$300

\$0

\$1740

10/28/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
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TRAN, PABLO N

2618

370-352000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. KIRSCHSTEIN, et al.
 2. _____
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ERICSSON AB

STOCKHOLM SWEDEN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _____

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date

Typed or printed name

Registration No.

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